DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 119 (0009106)

Address: 3226 INGALLS ROAD, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 10/01/2000

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0094023 End Date: 01/24/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091050 End Date: 09/17/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006446 Served 09/19/2003

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected88.07(3)(a)PRESCRIPTION MEDICATIONS09/25/2003Yes

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